

# CORE SERVICES

## Information and Referral

Crisis Intervention

Legal Advocacy

Medical Advocacy

General Advocacy

System Coordination

## Prevention: Social Change

## Prevention: Information and Awareness

## Prevention: Building Skills

	INFORMATION AND REFERRAL
<b>Definition</b>	Responding 24 hours a day in person or by phone to direct requests for information or assistance related to sexual abuse/assault.
<b>Goal</b>	To provide sexual abuse/assault related information and resources.
<b>Duration</b>	Usually one time.
<b>Activities</b>	<ul style="list-style-type: none"><li>■ Assist caller/client in evaluating what is needed</li><li>■ Provide information verbally or in writing about available resources/services</li></ul>
<b>Service Recipients</b>	Any caller, but typically, <ul style="list-style-type: none"><li>■ Non-offending parents of child victims</li><li>■ Victims</li><li>■ Significant others who require assistance in order to address their own reactions to the victimization and to effectively support the victim</li></ul>

	INFORMATION AND REFERRAL
	<ul style="list-style-type: none"><li>■ Those whose work brings them into contact with people who have been victimized: health care, mental health, education, law enforcement, legal, social service personnel</li><li>■ Offenders or their families</li></ul>
<b>Qualifications</b>	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/ assault training and has two years of relevant experience.</p>



March 1999

	<b>CRISIS INTERVENTION</b>
<b>Definition</b>	An immediately available 24-hour personal response provided in a variety of settings to an individual presenting a crisis related to sexual abuse/assault.
<b>Goal</b>	To alleviate acute distress of sexual abuse/assault, to begin stabilization, and assist in determining the next steps.
<b>Duration</b>	Short term. May be episodic.
<b>Activities</b>	<p>Activities to alleviate acute stress including:</p> <ul style="list-style-type: none"> <li>■ Information about the effects of victimization</li> <li>■ General information about medical and legal issues (Case specific information – see Legal/Medical Advocacy)</li> <li>■ Information on services available in the community</li> </ul>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>■ Child sexual abuse/assault victims</li> <li>■ Adult or adolescent sexual abuse/assault victims</li> <li>■ Non-offending parents whose children are sexual abuse/assault victims</li> <li>■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim</li> </ul>
<b>Qualifications</b>	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, which must include at least four hours of crisis intervention, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/ assault training and has two years of relevant experience.</p>

	<b>GENERAL ADVOCACY</b>
<b>Definition</b>	Personal support and/or assistance in accessing sexual abuse/assault related services.
<b>Goal</b>	To ensure needed services and adequate support to enhance recovery from sexual abuse/assault
<b>Duration</b>	Generally, 1 to 4 times per month; 3 months to a year
<b>Activities</b>	<p>All activities and services are client-focused and case specific.</p> <ul style="list-style-type: none"> <li>■ Ongoing personal support, including outreach calls/visits (including in-patient or residential care settings)</li> <li>■ Practical help as needed; information and referrals which are case specific and client focused</li> <li>■ Ongoing, repetitive crisis intervention</li> <li>■ Arranging for services to enhance recovery (e.g., health, financial, housing)</li> <li>■ Consulting with others (such as CPS, APS, Indian Child Welfare) regarding an individual case</li> </ul>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>■ Adult/adolescent sexual abuse/assault victims</li> <li>■ Non-offending parents whose children are sexual abuse/assault victims</li> <li>■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim</li> </ul>
<b>Qualifications</b>	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.</p>

March 1999

	<b>MEDICAL ADVOCACY</b>
<b>Definition</b>	Acting on behalf of and in support of victims of sexual abuse/assault on a 24-hour basis to ensure their interests are represented and their rights upheld.
<b>Goal</b>	To assist the victim to regain personal power and control as s/he makes decisions regarding medical care and to promote an appropriate response from individual service providers.
<b>Duration</b>	May vary significantly depending upon client's medical needs as related to the sexual assault.
<b>Activities</b>	<p>All activities and services are client-focused and case specific. For general information regarding medical advocacy, see Information &amp; Referral.</p> <ul style="list-style-type: none"> <li>■ Assistance in making informed decisions about medical care and the preparations needed, including referral for possible forensic exam</li> <li>■ Information about medical care/concerns, including assistance with needed follow-up</li> <li>■ Support at medical exams and appointments</li> <li>■ Information and/or assistance with Crime Victim Compensation applications</li> </ul>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>■ Child sexual abuse/assault victims</li> <li>■ Adult/adolescent sexual abuse/assault victims</li> <li>■ Non-offending parents whose children are sexual abuse/assault victims</li> <li>■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim</li> </ul>
<b>Qualifications</b>	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, which must include at least four hours of medical advocacy, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/ assault training and has two years of relevant experience.</p>

March 1999

	<b>LEGAL ADVOCACY</b>
<b>Definition</b>	Acting on behalf of and in support of victims of sexual abuse/assault on a 24-hour basis to ensure their interests are represented

	and their rights upheld.
<b>Goal</b>	To assist gaining knowledge of the criminal justice system, gain access to all avenues of participation in the legal system and to promote the responsiveness of individual legal system participants.
<b>Duration</b>	Up to several years
<b>Activities</b>	<p>All activities and services are client-focused and case specific. For general information regarding legal advocacy, see Information &amp; Referral.</p> <ul style="list-style-type: none"> <li>■ Assistance in making informed decisions about police reporting and the preparations needed, including the possibility of CVC benefits</li> <li>■ Information about the criminal justice systems, civil remedies, and Dependency, Family and Juvenile Courts, including follow up.</li> <li>■ Support at interviews, trial and sentencing</li> <li>■ Assistance in preparing for court; informing the victim of her/his rights in legal settings</li> <li>■ Active monitoring of case through the legal system</li> <li>■ Assistance with protective/no-contact/anti-harassment orders</li> </ul>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>■ Child sexual abuse/assault victims</li> <li>■ Adult/adolescent sexual abuse/assault victims</li> <li>■ Non-offending parents whose children are sexual abuse/assault victims</li> <li>■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim</li> </ul>
<b>Qualifications</b>	All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, which must include at least four hours of legal advocacy, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/ assault. Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.

March 1999

	<b>SYSTEM COORDINATION</b>	
<b>Definition</b>	Coordination of the service system entails the development of working relationships and agreements (formal and informal) among programs and services with a role in the array of sexual abuse/assault service provision with the goal of improving service delivery	
<b>Goal</b>	To operate a permanent, client-centered system which offers, or assures access to, a comprehensive continuum of specialized sexual abuse/assault services, which is mutually accountable despite individual changes over time in regulations, procedures or people who provide service.	
<b>Duration</b>	An on-going process	
<b>Activities</b>	<ul style="list-style-type: none"> <li>■ Develop partnerships</li> <li>■ Increase collaboration</li> <li>■ Assess gaps in service</li> <li>■ Foster cooperation</li> </ul>	<ul style="list-style-type: none"> <li>■ Develop accountability process</li> <li>■ Develop new ways of delivering services</li> <li>■ Develop new sources of funding</li> </ul>
<b>Potential Participants</b>	<ul style="list-style-type: none"> <li>■ Law enforcement</li> <li>■ Prosecutors</li> <li>■ Judiciary</li> <li>■ CPS</li> <li>■ Schools</li> </ul>	<ul style="list-style-type: none"> <li>■ Social services (private and public)</li> <li>■ Mental health services</li> <li>■ Medical facilities/practitioners</li> <li>■ Emergency services</li> <li>■ Other relevant groups, task forces, networks and individuals</li> </ul>
<b>Qualifications</b>	<p>System coordination should be initiated and led by a Community Sexual Assault Program.</p> <p>The staff and volunteers representing the Community Sexual Assault Program should represent the issues of sexual abuse/assault to the community accurately, fairly and regularly. They should understand the public policy-making process, build coalitions and articulate opinion to shape public policies that are beneficial for the organization and victims of sexual abuse/assault.</p> <p>They should commit to building community around sexual abuse/assault issues; promote effective relations among diverse agencies working with victims of sexual abuse/assault; facilitate cooperation between all of the agencies/organizations involved with victims of sexual abuse/assault.</p> <p>They also should encourage cooperation and collaboration with other organizations, seeking ways to improve services and/or reduce costs through cooperative efforts; share expertise with others to achieve partnerships; and organize and operate partnerships effectively.</p>	

March 1999

## PREVENTION: SOCIAL CHANGE

<b>Definition</b>	Promoting attitudes, behaviors and social conditions that will reduce and ultimately eliminate factors that cause or contribute to sexual violence.*
<b>Goal</b>	Impact the underlying causes of sexual violence through the shifting of ownership of solutions from social services to the community using a community development approach.
<b>Duration</b>	Varies with activities and opportunities.
<b>Eligible Activities</b>	<p>Any activities chosen from among the following must be part of a comprehensive community development plan for the prevention of sexual violence.</p> <ul style="list-style-type: none"> <li>■ Establish relationships within communities, including underserved communities</li> <li>■ Convene a community development process within a community you define and participate in its implementation.**</li> <li>■ Community networking</li> <li>■ Legislation/policy development</li> <li>■ Training</li> <li>■ Technical assistance</li> <li>■ Focus group meetings</li> <li>■ Community events</li> <li>■ Public speaking/speaker's bureau</li> <li>■ Stakeholder recruitment</li> <li>■ Advisory group formation</li> <li>■ Distribution of materials</li> </ul>
<b>Service Recipients</b>	<p><b>Stakeholders:</b></p> <ul style="list-style-type: none"> <li>■ Community stakeholders, inclusive across systems and networks within the chosen community</li> </ul>
<b>Qualifications</b>	<p>Social change efforts should be initiated and led by a Community Sexual Assault Program.</p> <p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, and the 5-hour WCSAP prevention orientation or equivalent. 12 hours of on-going training is required annually. All training must be approved by the Washington Coalition of Sexual Assault Programs. The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault. Providers must have an understanding of the causes of sexual violence, prevention and social change theory, community development techniques and have demonstrated experience in educational techniques appropriate to their audience.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and the 5-hour prevention orientation, and has two years of relevant experience. The supervisor should observe the provider's training on a periodic basis.</p>

\*Sexual Violence is physical, emotional, social economic, cultural, spiritual, and/or political acts and/or behaviors that use sex and/or sexuality as tools of violence and oppression against children, youth, women and men.

\*\*See Sexual Assault Prevention Plan for Washington State, August 1997; Page 16, section "Accomplishing Change" for a description of principles central to community development.

July 2003



	<b>PREVENTION: INFORMATION AND AWARENESS</b>
<b>Definition</b>	Informing the community and increasing the awareness of and knowledge about sexual abuse/assault.
<b>Goal</b>	To increase the willingness and ability of the community to take responsibility for the prevention of sexual abuse/assault.
<b>Duration</b>	Varies with activities and opportunities.
<b>Eligible Activities</b>	<ul style="list-style-type: none"> <li>■ Outreach to underserved communities</li> <li>■ Community education events</li> <li>■ Public speaking/presentations</li> <li>■ Distribution of materials</li> <li>■ Inservice training to staff, volunteers</li> </ul> <p>(See also CS-6 system coordination standard)</p>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>■ Community groups</li> <li>■ Service providers or groups from related systems</li> <li>■ Underserved communities</li> </ul>
<b>Qualifications</b>	<p>Prevention efforts are best provided by, or under the auspices of, a Community Sexual Assault Program.</p> <p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, and the 5 – hour WCSAP prevention orientation or equivalent. 12 hours of on-going training is required annually. All training must be approved by the Washington Coalition of Sexual Assault Programs. The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault. Providers must have an understanding of the causes of sexual violence, prevention and social change theory, community development techniques and have demonstrated experience in educational techniques appropriate to their audience.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and the 5-hour prevention orientation, and has two years of relevant experience. The supervisor should observe the provider's training on a periodic basis.</p>

July 2003

	<b>PREVENTION: BUILDING SKILLS</b>
<b>Definition</b>	Programs and presentations focused on building skills within the community to prevent sexual abuse/assault.
<b>Goal</b>	To build skills and develop strategies within the community to prevent sexual abuse/assault.
<b>Duration</b>	Varies with activities and opportunities.
<b>Eligible Activities</b>	<ul style="list-style-type: none"> <li>■ Physical self-defense training</li> <li>■ Personal safety skills</li> <li>■ Skills to promote non-violent behavior</li> </ul>
<b>Service Recipients</b>	<p>Individuals and groups in schools, faith communities, the general community such as:</p> <ul style="list-style-type: none"> <li>■ Children</li> <li>■ Teens</li> <li>■ Parents</li> <li>■ Community members</li> <li>■ Service providers</li> </ul>
<b>Qualifications</b>	<p>Prevention efforts are best provided by, or under the auspices of, a Community Sexual Assault Program.</p> <p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, and the 5-hour WCSAP prevention orientation or equivalent. 12 hours of on-going training is required annually. All training must be approved by the Washington Coalition of Sexual Assault Programs. The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault. Providers must have an understanding of the causes of sexual violence, prevention and social change theory, community development techniques and have demonstrated experience in educational techniques appropriate to their audience. Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and the 5-hour prevention orientation, and has two years of relevant experience. The supervisor should observe the provider's training on a periodic basis.</p>

# SPECIALIZED SERVICES

## Support Group

## Therapy

## Medical Social Work

	SUPPORT GROUP
<b>Definition</b>	Regular facilitated meetings of victims and/or secondary victims of sexual abuse/assault with a supportive and educational focus
<b>Goal</b>	To provide emotional stability and promote the understanding of the impact of sexual abuse/assault
<b>Duration</b>	1 to 2 hour average length of time per session; 1 to 4 sessions per month; 3 months to a year
<b>Activities</b>	<ul style="list-style-type: none"> <li>■ Group meetings with a planned beginning and ending date and an outcome-based, structured agenda with a primary focus on sexual abuse/assault issues.</li> </ul>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>■ Adult or adolescent sexual abuse/assault victims</li> <li>■ Non-offending parents of child sexual abuse/assault victims</li> <li>■ Significant others who require help/assistance in order to address their own reactions to victimization and to effectively support the victim</li> </ul>
<b>Qualifications</b>	<p>The facilitator must complete 30 hours of initial sexual abuse/assault training, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault. The facilitator must also have training in group process and interpersonal dynamics, and experience as a facilitator or co-facilitator.</p> <p>The facilitator must be supervised by a paid staff person with a minimum of a BA degree in Human Services or a related field plus two years of relevant experience <b>or</b> a combination of six years of relevant experience, education and training. The facilitator must be, or receive consultation on group process from, a Masters level therapist.</p>

	<b>THERAPY</b>	
<b>Definition</b>	A professional relationship within a theoretical framework that involves a specified helper gathering, systemetizing and evaluating information and using techniques to address the effects of sexual abuse/assault.	
<b>Goal</b>	To identify, understand and ameliorate the effects of sexual abuse/assault; to promote healing and to integrate the sexual abuse/assault experience.	
<b>Duration</b>	1 hour average length of time per session; 1 to 4 sessions per month; 3 months to several years; additional therapy could be indicated, depending on the individual case.	
<b>Activities</b>	<b>Assessment:</b> <ul style="list-style-type: none"> <li>■ Psychosocial history taking</li> <li>■ Psychological testing, or psychiatric evaluation (including mental status exam)</li> <li>■ In-person interviews with victims and/or family members</li> <li>■ Collateral contacts, including review of relevant documents, telephone/in-person contact with other providers</li> <li>■ Report writing</li> </ul>	<b>Therapy:</b> <ul style="list-style-type: none"> <li>■ Individual, group or family therapy, based on current clinical therapeutic principles generally accepted as being appropriate to sexual abuse/assault</li> <li>■ In-person visits in the office, on location or by phone</li> <li>■ Family therapy can include a <u>treated</u> sexual offender in the course of reunification</li> <li>■ Interpretation of findings and expert testimony</li> <li>■ Consultation to other disciplines/systems</li> </ul>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>■ Child sexual abuse/assault victims</li> <li>■ Adult or adolescent sexual abuse/assault victims with acute or past history of sexual abuse/assault</li> <li>■ Non-offending parents whose children are sexual abuse/assault victims</li> <li>■ Significant others who require help/assistance in order to address their own reactions to victimization and to effectively support the victim</li> </ul>	
<b>Qualifications</b>	<p>Practitioners must complete 23 hours of initial sexual abuse/assault training, plus 6 hours of ongoing sexual abuse/assault training annually. All trainings must be consistent with the OCVA therapist training standard. The practitioner must be knowledgeable about the principles of sound therapeutic practices with victims of sexual abuse/assault, including working with the continuum of sexual abuse/assault services and must understand victimization and demonstrate practices sensitive to sexual abuse/assault issues in therapy.</p> <p>Practitioners must be licensed psychiatrists or psychologists or be registered or certified professionals in the State of Washington and have a minimum of a master's degree in one or more the following: mental health counseling, marriage and family therapy, social work or related field. Practitioners who are completing an internship for a master's degree in any of the fields listed above and have completed the 23 hours of initial sexual abuse/assault training are also eligible providers, as long as they are receiving supervision from a person who meets the qualifications above. Interns must also complete 6 hours of ongoing sexual abuse/assault training annually. For practitioners conducting assessments of children, refer to the guidelines from the American Professional Society on the Abuse of Children.</p> <p>Therapists, as well as individuals conducting assessments, must have regular supervision, consultation and/or review of cases, preferably by a Washington State licensed psychiatrist, psychologist or certified therapist.</p>	

	<b>Social Work for Medical Evaluations of Children &amp; Vulnerable Adults</b>
<b>Definition</b>	Preparing victim for medical evaluation; preparing and passing on a complete case history for purposes of contributing to investigation.
<b>Goal</b>	To complete the medical evaluation in a manner that minimizes the traumatization of the victim and caregivers.
<b>Duration</b>	Generally one hour by phone for intake with parent/caretaker; brief calls between intake and evaluation to prepare a victim for and reduce her/his anxiety about the evaluation and investigation; one hour in-person during evaluation; and subsequent contacts, usually by phone, as needed.
<b>Activities</b>	<p>Psychosocial history-taking, including assessment of parental protectiveness and parental coping, documentation of family structure, family dynamics, and dynamics of abuse/assault as related by parent/caretaker.</p> <p>Interpretation of stages of child physical and psychosexual development, signs of stress and of child sexual assault.</p> <p>Interpretation of medical evaluation process, indications for doing lab work, and meaning of possible physical findings.</p> <p>Interpretation of law enforcement investigation process and parent/caretaker role in same, including compliance with mandated reporting.</p> <p>Interpretation of child protective services functions and parent/caretaker role in same, including compliance with mandated reporting.</p> <p>Referral to appropriate CSAP for advocacy.</p> <p>Referral to therapy resources, including explanation of and assistance with Crime Victims Compensation application.</p> <p>When appropriate, communicate directly with child or adolescent victim to allay anxiety about medical evaluation.</p> <p>Crisis counseling for the purposes of preparing victim for the medical evaluation and to pass on a complete case history for purposes of investigation.</p>
<b>Service Recipients</b>	<p>Non-offending parent/caretakers of child and adolescent victims of sexual abuse/assault.</p> <p>Child and adolescent victims.</p> <p>Vulnerable adult victims and their caretakers or care managers.</p>
<b>Qualifications</b>	Master's degree in social work or related field or licensure as a Registered Nurse, Nurse Practitioner, Medical Doctor or Physician's Assistant. Employed by or contracted with a licensed medical institution or provider. Twelve hours of initial sexual assault/abuse training, plus twelve hours per year ongoing training. Practitioners who are completing an internship for any of the fields listed above and have completed the 12 hours of initial sexual abuse/assault training are also eligible providers, as long as they are receiving supervision from a person who meets the qualifications above.

